

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
EMPLOYEE EXIT CHECKLIST**

Rev. 09/2015

This checklist is to guide employees and supervisors through the separation process. DCFS employees must return all property and equipment issued to them and must settle all outstanding accounts (including reimbursements and recoupments) prior to separation. Failure to do so will result in a deduction for the value of these items from the employee's final wages and/or leave payout.

Employee Name:	Personnel #:	Separation Date:
Job Title:	Office Location:	Last Day Worked:

DCFS Property and Equipment Assigned (check all applicable):					DCFS Outstanding Accounts (check all applicable):				
√	Property Description	Returned?		\$ Value	√	Account Description and Statement			
<input type="checkbox"/>	Identification (ID) Badge	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	<input type="checkbox"/>	LaCarte	All appropriate client or non-client related log(s) have been completed and contain all charges to date. All purchases/credits have been reconciled and original receipts have been provided for all transactions. Original signed and completed log(s) along with all original receipts and other supporting items have been provided to my supervisor.		
<input type="checkbox"/>	Keys (office, cabinets, building, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>	Computer equipment / laptop	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>	Equipment loaned for home use	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>	Tablet Computer (iPad)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>	Smartphone (Blackberry / iPhone)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	<input type="checkbox"/>	Travel Card / CBA			
<input type="checkbox"/>	Radio (two-way, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>	Air Card	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>	Camera	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>	State / Rental Vehicle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>	Cards – Credit / Fuel / LaCarte / Travel	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	Employee owes DCFS?			Item Description	Amount owed by Employee
<input type="checkbox"/>	Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$					
<input type="checkbox"/>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LaCarte Recoupment	\$	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	Travel Advance/Overpay Recoupment	\$	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	Travel Card/CBA Recoupment	\$	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	Unused Airline Ticket(s)	\$	

I certify that the DCFS property and equipment items assigned have been returned and outstanding accounts for travel, LaCarte, Travel Card/CBA, and unused airline tickets have been settled, except as noted.

Employee Signature	Date	Supervisor Signature and Title	Date

DCFS Administrative Services Review:		DCFS Fiscal Services Review:	
I authorize the employee to be charged a total of \$_____ for the value of unreturned property/equipment as indicated above.		I authorize the employee to be charged a total of \$_____ for the value of outstanding accounts as indicated above.	
Administrative Services Approval Signature	Date	Fiscal Services Approval Signature	Date

Additional items to be completed, where applicable:			
<input type="checkbox"/>	Employee completes SF-14 Resignation/Exit Interview form or letter.	<input type="checkbox"/>	Notify employee of need to maintain updated mailing address for tax items.
<input type="checkbox"/>	Employee completes all LEO entries or applicable paper forms.	<input type="checkbox"/>	Notify DOA-IT & complete form(s) to deactivate e-mail account & User ID.
<input type="checkbox"/>	Employee updates voicemail message and resets passcode to 11111.	<input type="checkbox"/>	Retrieve work files & projects from employee and discuss pending items.
<input type="checkbox"/>	Contact DCFS Telecommunications Coordinator to disconnect desk phone if it will not be used by a new employee.		

IMMEDIATELY UPON COMPLETION SCAN/E-MAIL TO THE STATE OFFICE HUMAN RESOURCES SECTION, PAYROLL UNIT FOR PROCESSING.